## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. IND. DEP. DEP. DEP. IND. IND. DEP. IND. DEP. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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